

the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. <u>72</u>	
County of <u>Gila</u>	District of <u>Globe,</u>	ORIGINAL CERTIFICATE OF BIRTH	
Town of _____		Co. Register No. <u>088</u>	
or City of <u>Globe,</u>		Local Registrar's No. _____	
(No _____ St; _____ Ward)			
FULL NAME OF CHILD <u>Myrtle May Bates</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	NO
Sex of Child <u>Female</u>	Twin, Triplet or other _____	and	Number in order of birth _____
Legitimate? <u>Yes</u>	Date of Birth <u>12</u> <u>5</u> <u>1919</u>	(Month)	(Day) (Yr.)
FATHER		MOTHER	
Full Name <u>Raymond Johnson Bates</u>		Full Maiden Name <u>Myrtle P. Hughes,</u>	
Residence <u>Globe,</u>		Residence <u>Globe,</u>	
Color or Race <u>White,</u>	Age at last Birthday <u>30</u>	Color or Race <u>White</u>	Age at last Birthday <u>32</u>
(Years)		(Years)	
Birthplace <u>Mo.</u>		Birthplace <u>Kansas.</u>	
Occupation <u>Engineer</u>		Occupation <u>Housewife</u>	
Number of child of this mother <u>1</u>	Number of children, of this mother, now living <u>1</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes.</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>12/5th</u> <u>1919</u> , at <u>7</u> , A. M.			
{ *When there is no attending physician or midwife, then the householder should make this return.		(Signature) <u>H. E. Wightman</u>	
Given or christian name added from a supplemental report <u>191</u>		(Attending physician, midwife, householder*)	
Address <u>Globe, Arizona</u>			
LOCAL REGISTRAR. <u>B. G. J. at</u>			
COUNTY REGISTRAR. <u>422-1205-442</u>		A True Copy <u>B. G. J. at</u>	
COUNTY REGISTRAR.		COUNTY REGISTRAR.	